

# CONTRACTOR POST-WEATHERIZATION INSPECTION REPORT

Customer:			Address:			Unit:		
City:			Zip:			Telephone #:		
1st Inspection - Date:		Time In:		<input type="checkbox"/> am <input type="checkbox"/> pm	Time Out:		<input type="checkbox"/> am <input type="checkbox"/> pm	Assessment Date
2nd Inspection - Date:		Time In:		<input type="checkbox"/> am <input type="checkbox"/> pm	Time Out:		<input type="checkbox"/> am <input type="checkbox"/> pm	Wx Date:

## MEASURES INSPECTION RESULTS

Status key: W=Work Order C=Installed Correctly IC=Installed Incorrectly R=Remedied U=Unfeasible B=Billed

Health & Safety	W	C	IC	R	U	B	General Heat Waste	W	C	IC	R	U	B	Optional Measures-cont.	W	C	IC	R	U	B
1. Carbon Monoxide Alarm							19. Evap. Cooler/AC Vent Cover							37. Thermostats						
2. Gas Cooking Appliance							20. Hot Water Flow Restrictors							38. Tinted Window Film						
3. Gas Water Heater							21. Water Heater Blanket							39. Wall Insulation						
4. Heating Source Repair							22. Water Heater Pipe Wrap							Assessment	W	Yes	No	U	B	
5. Heating Source Replacement							Electric Baseload	W	C	IC	R	U	B	40. Blower Door Testing						
Insulation	W	C	IC	R	U	B	23. CFLs							41. CAS Testing						
6. Attic Venting							24. Electric Water Heater Rpr/Rpl							42. Duct Diagnostics						
7. Ceiling Insulation							25. Fluorescent Torchere							43. NEAT Energy Audit						
8. Duct Insulation							26. Refrigerator Replacement							Client Education	Yes	No	N/A			
9. Kneewall Insulation							Optional Measures	W	C	IC	R	U	B	44. Budget Counseling						
Infiltration Reduction	W	C	IC	R	U	B	27. Ceiling Fans							45. Energy Education						
10. Caulking							28. AC Unit Repair/Installation							46. Lead paint education						
11. Cover Plate Gaskets							29. Electric Water Heater Timer							Lead-Safe Weatherization	Yes	No	N/A			
12. Duct & Register Repair/Replacement							30. Evap. Cooler Repair/Installation							47. Is the home pre-1979?						
13. Glass Replacement							31. Microwave Oven							Pre-1979 or undetermined age:						
14. Minor Envelope Repair							32. Floor Foundation Venting							48. Were painted surfaces disturbed?						
15. Sliding Glass Door Rpr/Rpl							33. Floor Insulation							If painted surfaces were disturbed:						
16. Weatherstripping, Exterior Door							34. Shade Screens							49. Containment & poly used?						
17. Weatherstripping, Other							35. Shutters							50. HEPA vacuumed & wet cleaned?						
18. Window Replacement							36. Storm Windows							51. HUD clearance report in file?						

## Comments

## Certification

Customer Signature:		Date:	
I certify that this inspection is complete, any measures needing corrections have been remedied, and all installed measures meet CSD program requirements and are accurately represented.			
Inspector's Signature:		Date:	
Inspector's Name:		Telephone #:	

# **CONTRACTOR POST-WEATHERIZATION INSPECTION REPORT**

**CSD 611 (Rev. 12/20/06)**

## **Instructions**

**Post Weatherization Dwelling Inspections are required to be performed by the Contractor on 25% of all completed units in time frames as required by current contracts.**

1. Contractor must note any identified problems or discrepancies with the performed weatherization services, and also document the resolution of any identified problem, including any required follow-up inspection, prior to certifying the unit as complete. If during the first inspection, the inspector is unable to correct measures that were installed incorrectly or was unable to install feasible measures not originally performed per the work order or building check and job order sheet, a second inspection must be performed.

2. Health & Safety, Insulation, Infiltration Reduction, General Heat Waste, Electric Baseload, and Optional Measures

Check all measures included on the work order or building check and job order sheet under “W”.

If a measure was installed correctly and correctly billed, check “C”.

If a measure was installed incorrectly, not installed per the work order or billing information, or incorrectly billed, check “IC”.

If a measure was corrected during the inspection visit, check “R”.

If the measure was on the work order and not installed because it was unfeasible, check “U”.

If the measure was billed correctly, check “B”.

3. Assessment

Check all assessment processes included on the work order or building check and job order sheet under “W”.

If the assessment processes were performed correctly, check “Yes”.

If the assessment processes were performed incorrectly, not performed per the work order or billing information, or incorrectly billed, check “No”.

If the assessment processes were on the work order and not performed because it was unfeasible, check “U”.

If the assessment processes were billed, check “B”.

4. Client Education

Check the appropriate box for the delivery of budget counseling, energy education, and lead-safe education.

5. Lead-Safe Weatherization

# **CONTRACTOR POST-WEATHERIZATION INSPECTION REPORT**

**CSD 611 (Rev. 12/20/06)**

## **Instructions**

**Post Weatherization Dwelling Inspections are required to be performed by the Contractor on 25% of all completed units in time frames as required by current contracts.**

Answer all questions.

6. The client is required to sign and date the form to certify that the inspection was completed. This form must be dated and signed by the inspector. A copy must be retained in the client file.

*There is no contractor's equivalent allowed for this form.*